

## Human Resources Newsletter- Summer Enrollment Benefits Edition

Please take advantage of this opportunity to learn more about Summer Enrollment by registering here:

### [Summer Enrollment Webinars](#)

#### Summer Enrollment Webinar Dates:

June 21<sup>st</sup>- 2:00pm, June 23<sup>rd</sup>- 11:00am, June 30<sup>th</sup>- 11:00am & 2:00pm, July 3<sup>rd</sup>- 2:00pm, July 5<sup>th</sup>- 11:00am, July 10<sup>th</sup>- 11:00am, July 12<sup>th</sup>- 2:00pm, July 19<sup>th</sup>- 2:00pm, July 20<sup>th</sup>- 11:00am, July 24<sup>th</sup>- 2:00pm

### 2017 Summer Enrollment is Coming Soon!

Summer Enrollment for employees takes place from June 26 through July 28, 2017. ERS has designated our two-week phase as July 9<sup>th</sup> through July 22<sup>nd</sup>. During this time, you can make changes to your benefit elections through [ERS On-line](#). You can also make benefit changes by completing a paper form in the Human Resources office between June 26<sup>th</sup> and July 27<sup>th</sup>.

ERS will begin mailing Personal Benefits Enrollment Statement (PBES) to your home address on June 26<sup>th</sup>. Your PBES lists your personal information and current benefits, general information about options available to you and any premium or benefit changes.

**Be sure to review your PBES carefully. If you do not wish to make any changes, do nothing. Your elections from the previous year will continue through the next plan year, including TexFlex yearly pledges. If you wish to change your TexFlex yearly contribution or stop your TexFlex contribution, you must take action! Employees that are paid in less than 12 months, must choose the 9 month option for TexFlex benefits.**

**All benefit changes are effective September 1, 2017.**

More information available at these websites:

[ERS Summer Enrollment Page](#)

[MSU Summer Enrollment Page](#)

### What will the change mean for you?

Blue Cross and Blue Shield of Texas (BCBSTX) will replace UnitedHealthcare (UHC) as your health plan administrator on September 1, 2017. At that time, BCBSTX will manage our network of providers and begin processing our

It is still HealthSelect<sup>SM</sup> of Texas, but [BCBSTX](#) will be the new plan administrator.



claims. As always, ERS continues to establish the plan design, including setting copays, coinsurance and deductibles.

Through August 31, 2017, you should continue to use your UHC ID card and call the current UHC Customer Service line at (866) 336-9371 (TTY: 711) for information about your coverage or individual claims information.

BCBSTX will not have access to individual claims information until September 1, 2017.

In the months leading up to the transition, BCBSTX will send letters and make telephone calls to participants who may be affected by certain changes. For example, if your primary care provider (PCP) or specialist will no longer be in the HealthSelect network, you should be notified in June. You may also receive a follow-up phone call from a BCBSTX representative if you are currently enrolled in a UHC care management program. Be sure to answer or return phone calls if a BCBSTX representative calls you.

Over the next few months, you can find information and updates by visiting the [HealthSelect transition page](#) on the ERS website.

### **New website and customer care center**

You can now visit the [BCBSTX HealthSelect website](#) or call a Personal Health Assistant toll-free at (800) 252-8039, Monday - Friday 7 a.m. - 7 p.m. CT or Saturday 9 a.m. - 3 p.m. CT.

You can:

- Get general information about HealthSelect of Texas and Consumer Directed HealthSelect plan benefits.
- Depending on the medical plan that you are enrolled in, use the [HealthSelect Provider Search Tool](#) or the [Consumer Directed HealthSelect Provider Search Tool](#) to find out if your current providers will be in the BCBSTX HealthSelect network as of September 1.
- Get help finding a network PCP or specialist if your current provider will no longer be in the network.
- [Nominate a provider](#) to be added to the HealthSelect network.



HealthSelect

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HealthSelect

### **Prescription Drug Coverage**

[OptumRX](#) will continue to be the pharmacy benefits manager for prescription drug coverage for HealthSelect of Texas and Consumer Directed HealthSelect. Effective 9/1/2017, the phone # for OptumRX will change and will be printed on the back of your new OptumRx card.

### **ID Cards**

In late August, you will receive new ID cards from both BCBSTX and OptumRX. Please watch for both cards in your mailbox so that you can update your providers effective 9/1/2017.

## Continued Care for Certain Conditions

If you are currently receiving treatment from a doctor who will not be in the BCBSTX HealthSelect network after September 1, 2017, you may be able to continue treatment with that doctor temporarily. This is called **transition of care**. To continue with your care, certain eligibility guidelines need to be met. You will need to fill out and submit a [transition of care form](#). You can submit the form by fax to BCBSTX (fax number on bottom of form).

To determine whether you qualify for transition of care, it may be necessary for BCBSTX to request medical information from your current physician(s).

If you are approved for transition of care, in-network benefits may be available for up to 90 days after September 1, 2017. After that, your benefits will be determined by BCBSTX.

Medical conditions that may be eligible for transition of care benefits include:

- Pregnancy in the second and third trimester
- Long-term treatment of cancer, heart disease or transplants
- Terminal illness if life expectancy is less than six months

Call a BCBSTX Personal Health Assistant at (800) 252-8039 with any questions.

## If Adding Dependents During Summer Enrollment

If you are adding children to your Group Benefit Plan (GBP) coverage for the first time, you will need to certify that they are eligible for insurance. This is called the **Dependent Child Certification** process and is **completed online** when you enroll them. You only need to complete this process once per child.

If you are going to add a spouse or child to your health plan, you must provide evidence that they are your eligible dependents. This is called the **Dependent Eligibility Verification** process and is different from the Dependent Child Certification process described above. **The Dependent Eligibility Verification** process is completed after enrollment through our third-party administrator, Aon Hewitt. **You will receive a packet in the mail** with information on which dependents need to be verified, what documents you need to submit for each dependent and the submission due date. You only need to complete this process once per dependent.

**Important: Be sure to comply with this process or your dependents will not have coverage.**

Visit the following link for more information:

[https://www.ers.state.tx.us/Customer\\_Support/Dependent\\_Eligibility\\_Verification/](https://www.ers.state.tx.us/Customer_Support/Dependent_Eligibility_Verification/) or call Aon Hewitt at (800) 987-6605, Monday through Friday 7:30 a.m. – 10:30 p.m.

## NOT SURE HOW TO MAKE YOUR BENEFIT CHANGES AT ERS ONLINE?

Human Resources will host three training sessions for employees to learn how to sign into their ERS accounts and complete benefit election changes. The sessions will be held in Hardin 212 on the following dates and times:

July 12<sup>th</sup>- 9:00am & 2:00pm

July 13<sup>th</sup>- 2:00pm

**Please RSVP at Ext. 4133.**

NOTE: If you already have a User Name and Password for your ERS account, you must bring that information with you **to the training session**.

## HealthSelect Plan - PCP's, Referrals and Prior Authorizations

If you are enrolled in HealthSelect<sup>SM</sup> of Texas, you must have a designated primary care physician (PCP) who is in the HealthSelect network to receive the highest level of benefits. If your PCP is in network with UHC and BCBSTX, your designation will transfer from UHC to BCBSTX. Otherwise, you may need to consider designating a new PCP that is in the BCBSTX network. Your PCP is responsible for directing your care, as well as making any necessary referrals to specialists in the HealthSelect network.

Referrals and prior authorizations issued by UHC before September 1, 2017, will be transferred to BCBSTX. If the provider is still in the HealthSelect network, referrals and prior authorizations will be honored through the original expiration date. For specialists who will no longer be in the network, referrals and prior authorizations will be honored for 90 days or end of referral date, whichever is sooner.

After September 1, 2017, all new referrals and prior authorizations will need to be issued by BCBSTX.

Beginning September 1, you will be able to view the status of referrals and prior authorizations by logging in to the HealthSelect secure member website. You can find more information regarding referrals and prior authorizations at: <https://www.bcbstx.com/hs/getting-care/referrals-and-prior-authorizations.html>

Personal Health Assistants (PHAs) can help you if you have questions about your HealthSelect benefits, including what services require referrals and prior authorizations. PHAs can also work with your doctor's office to help coordinate referrals and prior authorizations for you so that you can focus on getting the care you need.

PHAs are available by phone Monday-Friday from 7 am-7 pm CT, and on Saturday from 7 am-3 pm CT at **800-252-8039**.

Prefer to chat online? PHAs are available Monday-Friday from 8am-5pm CT to chat at

<https://www.bcbstx.com/hs/personal-health-assistants/index.html> and clicking the "Chat Now" button.

